

## THE OPIUM HABIT.

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THE less important factor in the alarming growth in the use of opium seems to lie in the actual figures regarding opium addiction: whatever the figures may represent in Great Britain, and whether in America they represent one hundred thousand drug-addicted persons or even one million. The more alarming factor is the problem of integration, not figures, in which opium is taking its place as an inevitable evil in the entire emotional and social life of the civilized world. Only two effects can be looked for or hoped for in regard to the use of opium: the first is the cure or relief of some trouble, imaginary or real; the other effect is its action for purposes of dissipation or euphoria. Among the strong predisposing influences which should be taken account of in the development of the opium problem, individual or collective, are heredity, environment, and psycho-pathological tendencies.

The causative factors which may well have embedded, directly or indirectly, the evil of the opium habit in the life of our civilized world are in rough chronological order as follow: (1) the early and uncurbed use of opium to deaden pain and the popularity of such usage; (2) the lack of scientific knowledge with regard to the danger of such usage; (3) the discovery that opium could be taken for other than therapeutic purposes; (4) the isolation of morphia as an alkaline base; (5) the widespread literary influences at work, such as the works of De Quincey, on public opinion; (6) the discovery and use of the hypodermic syringe; (7) in America the effect of the Civil War and other wars; (8) unlawful commerce in habit-forming preparations of opium; (9) the manufacture and use of heroin; and (10) the prevailing lack of interest in, and information about, opium problems on the part of the public, which have resulted in lax medical teachings, and especially in laxness in prescribing and administering opium preparations.

Into the development of the opium problem, so far as it is known, has entered the history of some two thousand five hundred years. Possibly the therapeutic values of opium were known to the Egyptians. But the earliest definite and identi-

fiable references to opium are found in Greek and Latin literatures. Theophrastus, at the beginning of the third century B.C., refers to opium as *meconion*. According to D. I. Macht of Johns Hopkins University, writing in the *Journal of the American Medical Association*, about the year A.D. 40, Scribonius Largus described the way of getting opium from the capsules of the poppy. In the year 77 Dioscorides made a distinction between the juice from the capsules and the extract from the whole plant. It was this Dioscorides who described the making of a syrup of poppies, which he called *Dia-Kodion*, and which to this day remains the syrup of poppies of the German and other pharmacopœias. Among Latin writers Pliny and Celsus wrote of the medicinal uses of opium. And Galen, who is always popularly referred to as the "Pergamite," described enthusiastically the "virtues of opium confections." Indeed, opium in the second half of the second century A.D., when Galen did his work, became so popular that it was part of the wares of shopkeepers and of peddling quacks.

The record of opium confections which Galen made in the second half of the second century would seem to indicate that the euphoric uses of opium were early discovered. The "candy" reference represents an early and seemingly trivial abuse of opium—maybe the proverbial hole in the dyke. As a medicament Galen found opium useful for several dozen complaints, among them headache, apoplexy, coughs of all kinds, blood-spitting, dropsy, and fever. Arabic physicians used opium, giving it for diarrhoea and for diseases of the eye. As Mohammedanism spread by means of the Arabs, so, too, did knowledge regarding the action of opium. It was in this way that opium reached Persia and later India. It was these same Arabs who brought it into China about the close of the ninth century. But for almost nine centuries following its introduction the Chinese used opium exclusively for dysentery, and its use for purposes of euphoria was unknown to them. It was the second half of the eighteenth century before the Portuguese and the English, through the famous East India Company, brought about in China the beginnings of opium addiction in connection with what is moralistically termed vice. This was the first of the terrible "Christian" gifts which the Western world made to China!

One famous physician of the Middle Ages, Paracelsus (1490-1540), the chief figure of Browning's great poem "Paracelsus," owed his fame as a physician to the daring use he made of opium as a remedy. He called it his "stone of immortality," and rode with it in the pommel of his saddle. He said that

when all his other great medicaments failed him, opium would still dissolve disease as "fire does snow." And his followers were no less enthusiastic than was Paracelsus. So the tracing of the use of opium might continue through Platerus of Basle, who in 1600 advised its use; Sylvius de la Boe; Van Helmont in 1640, who used it so much that he was called "Dr. Opiatus"; and Sydenham, who wrote enthusiastically of opium about 1680. During the eighteenth century medical men seemed to be debating the problems of the continued use of opium. But the consensus of opinion remained that if what they called the "noxious principle" of rosin was eliminated, opium could do no harm. And during the same century some doctoral dissertations, chiefly American, were written on whether opium was a sedative or a stimulant. If doctors disagreed as to the purposes of opium, they still agreed that it should be used on any and all occasions.

In the early part of the nineteenth century (1803-1805) Serturner, a chemist at Einbeck, experimenting chemically with opium, discovered morphium, an alkaline base. In this discovery is found the beginning of modern alkaloidal medicine. Within the next thirty years Robiquet isolated narcotine and codein. And in 1832 Pelletier found narcein, thebain, papaverin, and many other alkaloids of opium and derivatives. In short, for over two thousand years opium has been the chief and, until recently, the unquestioned therapeutic agent known to man.

The first clear warning note as to the unrestricted uses of opium has been recorded on p. 60 of "The Opium Problem."\* W. G. Smith in his dissertation for the degree of Doctor of Medicine in 1832 at the University of the State of New York wrote: "There is scarcely a disease in which opium may not, during some of its states, be brought to bear by the judicious physician with advantage." Then he goes on: "Opium should never be exhibited simply to rouse the spirits, to awaken the fancy, or to give a temporary exertion to brilliant wit; this practice is most deleterious." He covers several paragraphs of warning, which include special references to the socially ambitious, and to women and children and nurses, and to youth and its temptations. It may or may not be a significant fact that it was eleven years before the publication of this doctoral dissertation that De Quincey's "Confessions of an Opium Eater" had appeared in magazine form.

\* "The Opium Problem," by Charles E. Terry, M.D., and Mildred Pellew, for *The Committee on Drug Addiction*, in collaboration with the Bureau of Social Hygiene, Inc. New York, 1928.

Opium had been praised and advocated by the medical men of all time. It is not strange that the laity of the nineteenth century should have turned to a drug whose virtues were extolled by the doctors. It was no less inevitable that the writers of the day should have been interested in opium's weird potencies. In the writings of De Quincey—unfortunately for our modern world—is found an influence towards the abuse of opium. To his famous book, as filings to a magnetic needle, have flocked the neurotic and unstable of several generations. Many men and women, unable to judge scientifically of the frightful effects of opium habituation, have succumbed to the influence of this eloquent and untruthful book, and have paid tribute to the "Confessions" by their wrecked lives, or by their own morbid, ill-conditioned books. Perhaps poor, overworked, under-nourished, and ill readers have seized upon De Quincey's experiences and the influence of opium to help them hold down a job, or to survive long-continued starvation, or to forget a great sorrow, or to tide them along over chronic ill-health or some period of overstrain.

A notable illustration of De Quincey's influence is that of the Roman Catholic poet, Francis Thompson, whose mother on the boy's birthday gave him a copy of the "Confessions." As I have written in my work on "Genius and Disaster," neither mother nor son was in a position to know that De Quincey was writing more in praise of alcohol than of opium. How could that good mother and sensitive lad, neither a chemist, have known that laudanum, the form of opium that De Quincey took at the rate of 8,000 drops a day, contained in his dosage the alcoholic equivalent of a pint of whiskey? And that to this amount of alcohol he added liberal quantities of wine and cordial? The title of De Quincey's book should have been "The Confessions of a Heavy Drinker," since all laudanum contains enough alcohol to reduce those good Americans, Mr. and Mrs. Volstead and all the little Volsteads, to tears! To speak well within bounds, De Quincey's intoxication was a mixed intoxication—not strictly opium addiction at all.

About 1840 in opium administration came the discovery and use of the hypodermic needle. Some attribute this discovery to Wood in 1843 and some to Rynd in 1845. There are also claimants for French priority. Two hundred years previous to this discovery Sir Christopher Wren in 1656 did what he called inject drugs intravenously—that is, through a quill. He experimented first on dogs, afterwards using this method with human beings. In the first forty years of the nineteenth century there were also experiments in America. The hypodermic

needle was quickly popularized on two counts; first, that smaller doses became more effective; second, that these smaller doses hypodermically were not habit-forming, as opium administration by mouth over any length of time and in whatever form had proved to be. Only later—and too late for multitudes of men and women—was the medical fraternity to discover that the needle, too, led to a morbid habit being formed.

In America, adding fuel to the flame of the more and more popularized use of opium, came the Civil War. Many records and many warnings during the Civil War, the Boer War, and the World War came out of the use of the hypodermic needle. In alkaloid and hypodermic needle are found expansions in facilities for the use of opium. Then came through war experiences increased need for opiates to meet the hardships of disease and crippling. It was the same old two and two make four sum, in which the "four" represented an alarming growth in opium habituation due to so-called "Army Disease." In the United States, to make matters worse, the Pension Bureau, instead of recognizing opium addiction as an entailment of service under the conditions of war as they have actually to be met, persisted in taking the moral attitude and calling such accidental habituation "vice." This attitude led, of course, to all sorts of secrecy and suppressions which increased rather than decreased the evil, for unlawful traffic in drugs is an inevitable corollary of secret need. Pedlars and patent medicines thrive under conditions of indifference or ignorance on the part of the public and in times of war.

What was relatively true in connection with such a war as the American Civil War became many-fold more true in the World War. By that time heroin, or diacetylmorphin, produced in 1898 in Germany by Dreser, was in full swing as a reputed non-habit-forming opiate. Only after years were experience and experimentation with heroin to prove that it was the most dangerous of all the opium preparations in its habit-forming qualities. The unwarranted assumption with regard to heroin set back the whole business of opium regulations many years. Again and again it would seem that a new discovery in the world of drugs is followed by a period of popularizing, then succeeded by a period of general and unconsidered experimentation, only to be concluded by a time of regret that another preparation so dangerous had been given to the profession before it had been tried out thoroughly. Among the pain-killers not in the opium group, the coal-tar products—notably aspirin—are a good illustration of popular abuse through unregulated use.

In a modern world in which the facilities for the use of preparations of opium have been ever on the increase and in which through various types of demand—for example, neuroses and psychoses due to tension of living and wars due to commercial rivalries—the need for opium is met by the increase in facility. The menace of opium, physical, nervous, and psychic, is rapidly developing. Certainly this is true in the United States, and the Eighteenth Amendment has but increased an evil which the Harrison Anti-Narcotic Law has scarcely abated. In short, integrations of development and ideas, chemical, instrumental, psychologic, are embedding this evil in our midst, in the very processes of our social life, as mere numbers—though the numbers are tragic enough—of the drug-addicted cannot do. In this situation the average social worker and the usual Federal agent in the United States do not seem as useful as they might be if, refusing to follow in the footsteps of an ignorant Pension Bureau, they would cease handling the problem moralistically, and attack it economically and psychologically. The brutalities with which both the community and the arm of the law once treated insanity should not be forgotten. Tuberculosis, to give only two of its causative factors, may be due either to overstrain from work or to dissipation. It is a physical disease with nervous and mental manifestations. Drug-addiction also is a disease. It is an evil only in the sense that insanity or tuberculosis is an evil, and neither more so nor less so. And, as it happens, drug addiction may or may not have its moral aspects. Assuredly in nine cases out of ten the condition of being drug-addicted is not primarily moral.

No one who has in mind the picture which the medical man has of what drug-taking means in its inevitable final physical filthiness and long-drawn-out nervous and mental horrors would ever choose to be drug-addicted. Physicians, who have so often been responsible unintentionally for fixing an addiction, are nevertheless the human beings who know most and care most about this problem. When physicians find that they have an alert and intelligent public to reckon with and to work with, their leadership along educational and medical lines will be not only the safest but also the best possible leadership. For the present more lay knowledge and not less is what is needed. Past and present indifference on the part of the public has made the situation what it is—and its evils can scarcely be exaggerated, for it has led to lax administration of opiates, to unthinkable brutalities to those who suffer from drug-addiction, and to economic bondage by means of the cultivation of the poppy.